

May 13 10 33 AM '03

BK 443 PG 581
W.E. DAVIS CH. CLK.

NICOLE SORENSON F/K/A NICOLE TERRILL
and ROBERT A. SORENSON,
GRANTORS

TO

WARRANTY DEED

DON O. WHITE and wife, DONNA G. WHITE,
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and 00/100 Dollars, cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, we, NICOLE SORENSON F/K/A NICOLE TERRILL and ROBERT A. SORENSON do hereby sell, convey and warrant unto DON O. WHITE and wife, DONNA G. WHITE, as tenants by the entirety with full rights of survivorship, and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to wit:

See Exhibit "A" attached hereto for complete legal description.

Nicole Sorenson was formerly known as Nicole Terrill, and is the widow of Alan L. Terrill, deceased, as evidenced by Exhibit "B" attached hereto.

Grantor, Robert A. Sorenson, husband of Nicole Sorenson, owns no portion of this property, but joins in this Deed for the sole purpose of waiving any possible homestead rights in the property.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County and rights of ways and easements for public roads and public utilities and is further subject to any restrictive covenants of record.

This transfer is further subject to the following restrictions, which shall be permanent and shall run with the land;

1. The property described herein may only be used for residential purposes.
2. No house trailers, mobile homes or manufactured housing may be located, stored, situated or constructed on the property.
3. The property may not be subdivided and may only be used for one (1) single family residential structure.

IT IS AGREED AND UNDERSTOOD that the taxes for the year 2003 have been prorated as of this date on an estimated basis, and when said taxes are actually determined, if the proration

of this date is incorrect, then the Grantors agree to pay to said Grantee, any deficit on an actual proration. Possession shall take place upon delivery of this Deed.

WITNESS OUR SIGNATURES, this the 9th day of May, 2003.

Nicole Sorenson

NICOLE SORENSON F/K/A
NICOLE TERRILL

Robert A. Sorenson

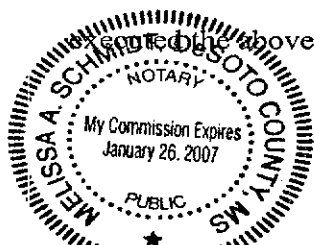
ROBERT A. SORENSON

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the State and County aforesaid, on this the 9th day of May, 2003, within my jurisdiction, the within-named Nicole Sorenson f/k/a Nicole Terrill and Robert A. Sorenson, who acknowledged that they

signed the above and foregoing instrument.



Melissa A. Schmidt
NOTARY PUBLIC

MY COMMISSION EXPIRES:

1-26-07

GRANTOR'S ADDRESS:

11605 Byhalia Road
Byhalia, MS 38611
Res. Phone: 662-838-9792
Bus. Phone: 901-218-3850

GRANTEES' ADDRESS:

6622 South Hamilton Circle
Olive Branch, MS 38654
Res. Phone: 662-895-5274
Bus. Phone: 901-489-3121

PREPARED BY AND RETURN TO: GARY P. SNYDER, Watkins Ludlam Winter & Stennis, P.A., P.O. Box 1456, Olive Branch, MS 38654, 662-895-2996.

LOT 1
OF THE TERRELL 20.04 ACRE TRACT

A PARCEL OF LAND BEING PART OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 3 SOUTH, RANGE 6 WEST, DESOTO COUNTY, MISSISSIPPI AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT A 1 1/2" PIPE FOUND AT AN OLD FENCE CORNER AT THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 3 SOUTH, RANGE 6 WEST; THENCE NORTH 01 DEGREES 06 MINUTES 09 SECONDS EAST, A DISTANCE OF 608.47 FEET TO A 1/2" REBAR FOUND; THENCE NORTH 01 DEGREES 00 MINUTES 18 SECONDS WEST, A DISTANCE OF 510.49 FEET TO A T-POST FOUND AT THE POINT OF BEGINNING FOR THE FOLLOWING TRACT;

THENCE NORTH 00 DEGREES 18 MINUTES 56 SECONDS WEST, A DISTANCE OF 514.20 FEET TO A T-POST FOUND; THENCE SOUTH 89 DEGREES 29 MINUTES 38 SECONDS EAST, A DISTANCE OF 854.30 FEET TO A T-POST FOUND; THENCE SOUTH 00 DEGREES 28 MINUTES 11 SECONDS EAST, A DISTANCE OF 509.11 FEET TO A T-POST FOUND; THENCE NORTH 89 DEGREES 50 MINUTES 10 SECONDS WEST, A DISTANCE OF 855.61 FEET TO THE POINT OF BEGINNING AND CONTAINING 10.04 ACRES, SUBJECT TO EXISTING EASEMENTS, RIGHT-OF-WAYS, SUBDIVISION AND ZONING REGULATIONS IN EFFECT IN DESOTO COUNTY, MISSISSIPPI.



P.K. NAIL FOUND AT THE
ACCEPTED NORTHWEST CORNER
OF THE SOUTHEAST QUARTER
OF S-1, T-3-S, R-6-W
PER SURVEY BY: J.F. LAUDERDALE
DATED: JULY 17, 1992

4 BYHALIA ROAD (80' WIDE)

1/2" REBAR SET ON TOP OF IRON POST PD.
ACCEPTED PROPERTY CORNER
PER JF LAUGERDALE SURVEY
DATED: JULY 17, 1962
AND PER SURVEY BY BILLY GREY
DATED: OCTOBER 1971

~~53.00~~ ROW LINE

N88°46'17"W

30.01'

BARB-WIRE
FENCE

RUBY EARNEST SHACKELFORD
DJ3, 239, PG. 236

BARB-WIRE
FENCE

CLIENT: MRS TERRILL (NICOLE SORENSON)
SURVEY BY: DANNY METTS
DATE OF SURVEY: 2/20/97
CLASS "B" SURVEY
REVISED: 4/30/03 TO SHOW
LOT 1 AND 2

NOTE: SUBJECT TO SUBDIVISION
AND ZONING REGULATIONS IN
EFFECT IN DESOTO COUNTY, MS.

ALAN L. TERRILL, ET UX
D.B. 248, PG. 457

ALAN L. TERRILL, AND WIFE NICOLE NADEAU TERRILL
D.B. 268, PG. 271

PER JF. LAUDERDALE
T-POST FD.
SURVEY, JULY 17, 1992

ALAN L. TERRILL, ET UX
D.B. 285, PG. 378

ALAN L. TERRILL, AND WIFE NICOLE NADEAU TERRILL
D.B. 268, PG. 271

N89°29'38"W
30.01'

[illegible]

S 89°29'38" E
854.30'
CALL = 854.87'

ON LINE
BARB-WIRE
FENCE (TYP

50.00'
INGRESS-EGRESS
EASEMENT ACROSS
LOT 1 FOR ACCESS
TO LOT 2

ALAN L. TERRILL, ET UX
D.B. 308, PG. 582

LOT 1
437,405 sq.ft.
10.04 acres

509.11
CALL = 510.00

500°28.11" E

S89°50'10"E
855.61'

JOHN S. OSBY & WIFE
D.B. 142, PG. 297

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ALAN L. TERRILL, ET UX
D.B. 308, PG. 582

LOT 2
435,478 sq.ft.
10.00 acres

POST FD.

510.69'
CALL = 510.76'

TRUE BEARINGS BY:
SOLAR OBSERVATION

SCALE: 1" = 200'

WALTER EUGENE OSBY, ET UX
D.B. 142, PG. 297

CLIP O.B.

9.47' 9.09" E 4.7' 1/2" REBAR FOUND PER SURVEY BY BILLY GREY DATED OCTOBER 1971

JAMES B. HERRINGTON
D.B. 28, PG. 233
D.B. 28, PG. 210

1 1/2" IRON PIPE FOUND AT AN OLD FENCE CORNER, BEING THE COMMONLY ACCEPTED SW CORNER OF THE SE QUARTER OF S-1, T-3-S, R-6-W, DESOTO COUNTY, MS.

ROBERTS S/D
P.B. 35, PG. 49
D.B. 224, PG. 312

METTS
SURVEYING

4425 BETHEL RD.
OLIVE BRANCH, MS. 38654
PH. 662-895-8020

EXHIBIT

$$A = 1$$



BK0443PG0585

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

EXHIBIT

tabbier

B

TYPE OR PRINT WITH BLACK INK	FILING DATE JAN 24 1997	CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123-
DECEASED	1. NAME First Middle Last Alan Lee Terrill		2. SEX Male	3a. HOUR OF DEATH 9:10 A m
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 33 Years	5b. MOS 1-4
	5c. DAYS 4		5d. HOURS 17B	5e. MINS 17B
	6. DATE OF BIRTH (Month, Day, Year) Aug. 19, 1963		7a. COUNTY OF DEATH Desoto	
	7b. CITY OR TOWN OF DEATH Southaven		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (if not in either, give street address, route number or other location) Baptist Desoto Hospital 17B	
For RESIDENCE items, enter actual location of home rather than mailing address	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem High School		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	11. SURVIVING SPOUSE (If wife, give maiden name) Nicole Michele Nadeau		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 263-67-7797	
	15a. USUAL OCCUPATION (Kind of work done most of working life) Sales Representative		15b. KIND OF BUSINESS OR INDUSTRY Material Handling	
PARENTS	17. FATHER—NAME First Middle Last Alan Raymond Terrill		18. MOTHER—NAME First Middle Maiden Laura Lea Partain	
INFORMANT	19a. INFORMANT—NAME (Type or print) Nicole Nadeau-Terrill		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 11605 Byhalia Rd., Byhalia, MS 38611	
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		20b. CEMETERY, CREMATORY—NAME Memorial Park Crematory	
PRONOUNCEMENT	20c. LOCATION (City and State) Memphis, TN		21a. EMBALMER—SIGNATURE AND NUMBER 1-5-97	
CERTIFIER	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Brantley Funeral Home 17B		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 428, Olive Branch, MS 38654-0428	
Mississippi State Board of Health Form No. 511 Revised 1-1-89	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) J. Lewis M.D. EIC Baptist Desoto		22b. PRONOUNCED DEAD (Month, Day, Year) ON 1-5-97	
	22c. PRONOUNCED DEAD (Hour) At 9:45 A m.		23a. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2290 Hwy 305 Olive Branch, MS 38654	
	23b. SIGNATURE P. W. Brantley		23c. SIGNATURE P. W. Brantley	
	23d. DATE SIGNED (Month, Day, Year) 1-22-97		23e. DATE SIGNED (Month, Day, Year) 1-22-97	
CAUSE OF DEATH	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. IMMEDIATE CAUSE (Enter one cause only): (a) Ruptured Aortic Aneurysm		24b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. (a) Ruptured Aortic Aneurysm	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	24c. DATE SIGNED (Month, Day, Year) 1-22-97		24d. STATE LICENSE NUMBER DMEI	
	24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 1-22-97		24f. TITLE DMEI	
	24g. DATE SIGNED (Month, Day, Year) 1-22-97		24h. DATE SIGNED (Month, Day, Year) 1-22-97	
	24i. DATE SIGNED (Month, Day, Year) 1-22-97		24j. DATE SIGNED (Month, Day, Year) 1-22-97	
25. PART I: DEATH CAUSED BY: (a) Ruptured Aortic Aneurysm (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) YES
28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29f. LOCATION Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

JAN 24 97

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

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